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To All Indiana Medicaid Providers:

- Indiana Medicaid has received inquiries from providers regarding how the injectable drug product BOTOX (botulinium toxin type A, code J0585) should be billed, when less than a full vial is administered in a single treatment session. Indiana Medicaid is aware that this product has an extremely short shelf life, once reconstituted, and that because of this short shelf life some wastage of the product may be unavoidable. The Medicare carriers' policy regarding this drug has been reviewed and Indiana Medicaid is adopting the following provisions as policy.

  Since botulinium toxin type A is supplied in 100 unit vials, it will be appropriate for the provider to bill the entire 100 units to Indiana Medicaid when less than 100 units are injected in a single treatment session AND the balance of the product is discarded. If more than 100 units are injected in a single treatment session, and the remainder is not used for another patient, round the number of units billed on the claim up to the nearest 100 units. Whenever unused botulinium toxin type A is billed, both the amount of the agent actually administered and the amount discarded is to be documented in the patient's medical record.

  Indiana Medicaid intends to contact the distributor of this product regarding whether or not alternative packaging is possible, such that wastage of the product would not be inherent with its use. If and as our reimbursement policy changes in regard to botulinium toxin type A, we will notify providers well in advance of the fact.

- On May 13, 1999, Governor O'Bannon signed legislation establishing the second phase of the Children's Health Insurance Program (CHIP). This article is the first in a series regarding the implementation of phase two of CHIP. The legislation creates an Office of the Children's Health Insurance Program which, along with the Office of Medicaid Policy and Planning and the Division of Family and Children, is responsible for the design, development, and implementation of phase two of the State-designed program.

  In accordance with State law, CHIP will use the same provider networks, eligibility determination, enrollment processes, and claims payment systems as Medicaid. CHIP will be identified as a benefit package offered as part of the Hoosier Healthwise program. Children below the age of 19 will be eligible for the CHIP benefit package if they meet the following requirements:
  - They are not eligible for the Medicaid benefit package
  - They have not had creditable health coverage during the three months prior to submitting an application for Hoosier Healthwise
  - Their families agree to meet the cost-sharing requirements

Benefits offered through the CHIP benefit package will focus on age appropriate services for children consistent with the intent to provide preventive, primary, and acute care services. The cost-sharing requirements for the program will be defined in future banner page articles and bulletins.

The Indiana*AIM* system will begin processing claims for children enrolled in the CHIP benefit package of Hoosier Healthwise on January 1, 2000. The Office of the Children's Health Insurance Program, the Office of Medicaid Policy and Planning, and EDS are working with the Indiana State Medical Association and Hoosier Healthwise managed care organizations to develop training opportunities this fall and continuing through the winter of 1999. Additional training opportunities for all provider types will begin early in 2000. Information regarding the training series will be provided in future bulletins and banner page articles.

- Providers who submit Medicare/Medicaid crossover claims for dually eligible recipients may experience a decrease in the number of paper crossover claims required and note an increase in the number of electronic crossover claims processed. This is due to recent changes made to the Coordination of Benefits (COB) tape. The COB tape contains recipient eligibility information and facilitates the receipt of electronic Medicare crossover claims from the Medicare intermediary. These modifications were necessary due to a change in the tape format of the Medicare intermediary.

  The changes to the COB tape format were implemented in August 1999. The newly formatted tape has been forwarded to the Medicare intermediary and affects all Medicare Part A and C crossover claims received on or after August 8, 1999. The changes made to the COB format have significantly increased the number of electronic crossover claims received by Medicaid from the Medicare intermediary.

To All Indiana Medicaid Transportation Providers:

- All transportation providers should be advised that waiting time will be reimbursed only when the recipient must be transported 50 miles or more one way and prior authorization has been obtained. Claims filed with waiting time when the recipient has been transported less than 50 miles one way will be denied with Explanation of Benefit Code 4079. For further information, reference *405-IAC 1-5-1, Article 5, Medicaid Services and 405 IAC 5-30-1, Transportation Services*.